

# CAMP MYSTIC CARE PACKAGE WEB ORDER FORM

Please fax or mail your order with a check (payable to Camp Mystic) or credit card information to: (830) 238-4799 or 2689 Hwy 39, Hunt TX. 78024-3412.

**If you fax in your order, please enter your credit card information below.**

CAMPER'S NAME: \_\_\_\_\_ CABIN: \_\_\_\_\_ TERM: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_ RELATIONSHIP TO CAMPER: \_\_\_\_\_

YOUR PHONE #: \_\_\_\_\_ DATE TO BE DELIVERED: \_\_\_\_\_

TRIBE (OR NEW CAMPER?) \_\_\_\_\_

ITEM	SIZE	COLOR	PRICE

DECORATIVE PACKAGING \_\_\_\_\_ 1.50

**Message to accompany gift (optional):**

SUBTOTAL \_\_\_\_\_

ADD 6.75% TAX \_\_\_\_\_

GRAND TOTAL \_\_\_\_\_

PLEASE MAKE CHECK PAYABLE TO **CAMP MYSTIC**

***\*\*IN CASE AN ITEM YOU ORDER IS OUT OF STOCK, WOULD YOU LIKE US TO SUBSTITUTE A SIMILAR ITEM OF THE SAME VALUE? YES \_\_\_\_\_ NO \_\_\_\_\_***

**CREDIT CARD INFO:**



Type of Card: \_\_\_\_\_  
 Name on Credit Card: \_\_\_\_\_  
 Card Number: \_\_\_\_\_  
 Card Expiration Date: \_\_\_\_\_ CVV Security # \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 Amount to be charged: \$ \_\_\_\_\_  
 Authorizing Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

FILLED  
 PAID AT COMMISSARY:  CASH  
 CHECK # \_\_\_\_\_  PHONE  
 CREDIT CARD  MAIL  
 IN PERSON  
 PAID THROUGH OFFICE:  
 CASH  
 CHECK # \_\_\_\_\_  
 CREDIT CARD  
 POSTED CHARGE  POSTED PAYMENT

RECEIVED:

FAX